

STATE: MINNESOTA
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3. Other laboratory and x-ray services.

X-ray services are paid using the same methodology as item 5.a., Physicians' services.

Laboratory services are paid as follows:

- (1) Services for which a Medicare upper payment limit applies are paid the lower of:
 - (a) submitted charge; or
 - (b) the Medicare rate of the local carrier. If the local carrier does not have a current Medicare rate, then the previously established Medicare rate, if available, or according to the methodology below.
- (2) Other services are paid the lower of:
 - (a) submitted charge; or
 - (b) one of the following:
 - 1) 50th percentile of the charges submitted by all providers of the service (except dentists) in the calendar year specified in legislation governing maximum payment rates, less 25%;
 - 2) 50th percentile of the charges submitted by all providers of the service (except dentists) in years subsequent to the calendar year specified in legislation governing maximum payment rates, down by the appropriate CPI formula, less 25%;
 - 3) an average of a number of independent laboratory providers' charges, less 25%;
 - 4) payment rates for comparable services; or
 - 5) the Medicare rate; or
 - (c) effective June 1, 1994, the sticker fee for laboratory specimens ~~handled~~ administered by the Department of Health is \$15.00.
 - (d) effective July 1, 1997, the payment for newborn screening for metabolic disease administered by the Minnesota Department of Health is \$21.00.

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4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

See Attachment 4.19-D.

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4.b. Early and periodic screening, diagnosis, and treatment services:

EPSDT services are paid the lower of:

- (1) submitted charge; or
- (2) 75th percentile of all screening charges submitted by providers of the service during the previous 12-month period of July 1 to June 30.

The adjustment necessary to reflect the 75th percentile is effective annually on October 1.

Skills training services for children provided as professional home-based mental health services, family community support services and therapeutic support of foster care are paid the lower of:

- (1) submitted charge; or
- (2) effective ~~July 1, 1998~~ January 1, 2000, for X5538 and X5539: ~~\$17.82~~ \$18.35; for X5540: ~~\$8.91~~ \$9.17; for X5541 (~~effective March 1, 1993~~): ~~\$.50~~ \$.51.

Crisis assistance services provided as family community support services are paid the lower of:

- (1) submitted charge; or
- (2) ~~\$21.45~~ \$22.09.

Other EPSDT providers are paid in accordance with the methodology set forth elsewhere in this Attachment for the provider type enrolled to provide the service.

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4.c. Family planning services and supplies for individuals of child-bearing age.

Family planning providers and public health providers are paid using the same methodology as item 5.a., Physicians' services. ~~Effective July 1, 1993, item 5 becomes item 5.a.~~

Other family planning providers are paid in accordance with the methodology set forth elsewhere in this Attachment for the provider type enrolled to provide the service.

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

For level one HCPCS codes titled "office and other outpatient services", "preventive medicine new and established patient", "delivery, antepartum and postpartum care", "critical care", "cesarean delivery" and "pharmacological management" provided to psychiatric patients; and HCPCS level three codes for enhanced services for prenatal high risk, payment is the lower of:

- (1) submitted charges; or
- (2) (a) 80% of the 50th percentile of the charges submitted by all providers of the service (except for services provided by home health agencies, home and community based waiver services providers, IEP providers, dentists, and providers whose payment rate is based on a percentage of the physicians' payment rate) in the calendar year specified in legislation governing maximum payment rates; or

(b) State agency established rate.

Effective January 1, 2000, the rate is increased by three percent.

For all other services the payment rate is the lower of:

- (1) submitted charges; or
- (2) (a) 75% of the 50th percentile of the charges submitted by all providers of the service (except for services provided by home health agencies, home and community based waiver services providers, IEP providers, dentists, and providers whose payment rate is based on a percentage of the physicians' payment rate) in the calendar year specified in legislation governing maximum payment rates; or

(b) State agency established rate.

Effective January 1, 2000, the rate is increased by three percent.

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- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
(continued)

Effective July 1, 1997, the State agency established rate is increased five percent for physical therapy services, occupational therapy services, speech-language therapy services, and respiratory therapy services. Effective July 1, 1998, the rate is increased three percent for these services, and effective January 1, 2000, the rate is increased another three percent.

The rates for respiratory therapy services are as follows:

Procedure Code	Rate	
94640	\$ 14.59	\$ <u>15.02</u>
94642	18.47	<u>19.02</u>
94650	16.22	<u>16.70</u>
94651	14.06	<u>14.48</u>
94652	136.26	<u>140.34</u>
94656	97.33	<u>100.24</u>
94657	42.17	<u>43.43</u>
94660	97.33	<u>100.24</u>
94664	18.24	<u>18.78</u>
94665	12.56	<u>12.93</u>
94667	15.72	<u>16.19</u>
94668	15.72	<u>16.19</u>

If the service is provided by a **physician assistant**, the supervising enrolled provider is paid 90% of the reference file allowable.

If the service is provided by a **physician extender**, the supervising enrolled provider is paid 65% of the reference file allowable, except for psychology services which are provided by a nonenrolled mental health practitioner, in which case the supervising enrolled provider is paid 50% of the enrolled provider allowable.

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- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
(continued)

Psychotherapy services are paid the lower of:

- (1) submitted charge; or
- (2) (a) 75% of the 50th percentile of the charges submitted by all providers of the service (except for services provided by home health agencies, home and community-based waiver services providers, IEP providers and providers whose payment rate is based on a percentage of the physicians' payment rate) in the calendar year specified in legislation governing maximum payment rates; or
- (b) State agency established rate.

Effective January 1, 2000, the rate is increased by three percent.

If the service is provided by a nonenrolled mental health practitioner, the supervising enrolled provider is paid the lower of:

- (1) submitted charge; or
- (2) 50% of item (2) (a) or (2) (b), above, for psychotherapy services.

Anesthesia services personally performed by the physician are paid the lower of:

- (1) submitted charge; or
- (2) the product of the physician conversion factor (\$18.00) multiplied by the sum of the relative base value units and time units (one time unit equals fifteen minutes).

If the anesthesiologist medically directs one nurse anesthetist, the anesthesiologist is paid for the service as though it were personally performed.

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5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
(continued)

If the anesthesiologist medically directs two to four concurrent anesthesia procedures performed by nurse anesthetists, the anesthesiologist is paid as follows:

- (1) For two concurrent procedures: 90% of the relative base value multiplied by the physician conversion factor, plus time.
- (2) For three concurrent procedures: 75% of the relative base value multiplied by the physician conversion factor, plus time.
- (3) For four concurrent procedures: 60% of the relative base value multiplied by the physician conversion factor, plus time.

For items (1), (2) and (3), if the nurse anesthetists are employed by the anesthesiologist, time is paid at \$2.40 per minute. If the nurse anesthetists are not employed by the anesthesiologist, time is paid at \$1.20 per minute.

If the anesthesiologist directs (supervises) five or more nurse anesthetists, the anesthesiologist is paid the physician conversion factor multiplied by four.

Laboratory services are paid using the same methodology as item 3, Other lab and x-ray services.

With the exception of pediatric vaccines in item 2.a., Outpatient hospital services, covering the Minnesota Vaccines for Children program, **vaccines** are paid using the same methodology as item 2.a., Outpatient hospital services.

All other injectables are paid using the same methodology as item 2.a.

- ☐ monitoring for identification and lateralization of cerebral seizure focus by attached electrodes;

combined electroencephalographic (EEG) and video recording and interpretation each 24 hours are paid the lower of:

- (1) submitted charge; or
- (2) ~~\$730.00~~ \$751.90

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5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
(continued)

The State has established a rate for the following:

Procedure Code	Rate
(1) 92340	\$ 28.00 \$ <u>28.84</u>
(2) 92341	33.00 <u>33.99</u>
(3) V5090	176.85 <u>182.15</u>
(4) V5110	265.28 <u>273.23</u>
(5) V5160	265.28 <u>273.23</u>
(6) V5200	176.85 <u>182.15</u>
(7) V5240	265.28 <u>273.23</u>
(8) X5061	176.85 <u>182.15</u>

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5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Medical and surgical services furnished by a dentist are paid using the same methodology as item 5.a., Physicians' services.